Application or Docket Number

107 97661

Effective October 1, 2003										· ·.	·	
		CLAIMS		S FILED - PART I (Column 1)		(Column 2)		SMALL ENTITY TYPE		OF	OTHER THAN	
TOTAL CLAIMS			26				ļ	RATE	FEE	7	RATE	FEE
F	OR	NUMBER FILED		NUMBER EXTRA .			BASIC FE	E 385.0	0 0	BASIC FE	<del></del>	
1	OTAL CHARGE	2 Aminus 20=		* /			V¢ 0	<del>                                     </del>	7	-	108	
-	DEPENDENT (	,		* 3			X\$ 9=	<del> </del>	OR	<u> </u>	ļ	
	ULTIPLE DEPE	`	l				X43=	<u> </u>	OR	X86=	218	
			- NEOCIVI					. +145=		OR	+290=	\$
* 1	f the differenc	e in column 1 is	s less than z	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	1136
	(	CLAIMS AS	AMENDE	NDED - PART II				OTHER THAN				
<u></u>	· · · · · · · · · · · · · · · · · · ·	(Column 1)	· ·	(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	•	RATE	. ADDI- TIONAI FEE
NON	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL	<del></del>	-{ '	TOTAL	
	(Column 1) (Column 2) (Column 3)							DOIT. FEE		704	ADDIT. FEE	L
ENTB		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO	ST ER USLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	4** '	<u> </u>	=		X\$ 9=		OR	X\$18=	
AMENDMENT	İndependent	*	Minus <sup>-</sup>	***		=		X43=	<del></del>	1 1	X86=	
4	FIRST PRESE	ENDENT	CLAIM		-			OR	7,00-			
							L	+145=		OR	+290=	
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<u></u>		(Column 1)		(Columi		(Column 3)					•	
ENTC		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE: NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MEN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	ndependent	*	Minus	***		=		X43=			X86=	<u>-</u>
1 1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR		<u></u>
· ·	·	c de la caratta an aban		0 !!	* := 1 :	·	L	-145=		OR	+290=	
🕶 ir (	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20,"  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  OR  AC										TOTAL DDIT. FEE	
Th	ne "Highest Num e "Highest Numb	nber Previously Paid Per Previously Paid	d For" IN THIS For" (Total or I	SPACE is le	ess than I is the h	3, enter "3." lighest number (	ound	in the appro	priate box			